

# Correspondence

## Cigarette Smoking Prevention—Physicians Should Teach by Example

TO THE EDITOR: The article in the July issue on the clinician's role in cigarette smoking prevention, by Pérez-Stable and Fuentes-Afflick,<sup>1</sup> reviewed guidelines for clinicians who provide care to children in preventing the onset of tobacco use, counseling parents of children who smoke, and counseling adolescents who have started smoking. But the authors failed to mention one most important guideline that clinicians should follow in preventing cigarette smoking—the clinicians should set the example by not smoking themselves.

In addition to the five A's—anticipate, ask, advise, assist, and arrange—developed by the National Cancer Institute to target physicians caring for children,<sup>2</sup> there should be a sixth A—abstain. Advising patients not to smoke would be extremely difficult if physicians walk into the exam room with the smell of cigarette smoke on their coats or breath, yellow stains on their fingernails, or other telltale signs of smoking. Therefore, physicians must abstain from smoking before they can effectively counsel their patients against smoking. Fortunately, most physicians already serve as nonsmoking role models for their patients.

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### REFERENCES

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2. Epps, RP, Manley MW, Glynn TJ. Tobacco use among adolescents: strategies for prevention. *Pediatr Clin North Am* 1995; 42:389–402

## Drs Pérez-Stable and Fuentes-Afflick Respond

TO THE EDITOR: Dr Cheng makes the important point that the personal example given by physicians in not smoking has been an important contributor in the decline in smoking rates in developed countries. Physicians in the United Kingdom were the first to stop smoking in large numbers, and this pattern has been followed by physicians in North America. We completely endorse the sixth "A" of abstaining from tobacco use and assume that the overwhelming majority of pediatric clinicians do not currently smoke.

Entering medical students in the United States smoke at a rate of about 1%, which is substantially lower than the prevalence of about 10% of physicians in the United States.<sup>1</sup> Thus, over the next 20 years, we should assume that the rate of smoking among physicians will continue to plummet, even though we have encountered increasing difficulties in impacting population smoking rates. We also note that up to 35% of physicians living in Latin America and Asia are current smokers of cigarettes, and this practice may impact immigrants coming from those countries.<sup>2</sup>

We do think the point made by Dr Cheng is important and relevant.

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2. US Department of Health and Human Services. Smoking and Health in the Americas. Atlanta, Georgia. US Department of Health and Human Services, Public Health Service, Centers for Disease Control, National Center for Chronic Disease Prevention and Health Promotion, DHHS Publication No. (CDC) 92-8419, 1992